California MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 72 JANUARY 1950 No. 1

Gastrointestinal Allergic Disease

CHESTER M. JONES, M.D.,* *Boston*

SUMMARY

Gastrointestinal allergic disease undoubtedly does exist, but its frequency has been tremendously overrated. It is believed that in many cases there is not sufficient evidence for attributing chronic, recurrent digestive disturbances to allergic reaction, and that skepticism is particularly important because such a diagnosis exposes the patient to an unwarranted type of dietary management that is complicated, frequently unwise, and not too infrequently used as a substitute for critical clinical thinking.

The demonstration and subsequent elimination of allergic substances that may at times be productive of digestive symptoms is, of course, important, and when based on proper evaluation of a carefully taken history will undoubtedly yield brilliant results.

THE only cases that may properly be classified as allergic disease of the digestive tract are those in which there is a tissue change in some portion of the alimentary canal caused by an antigen-antibody cell reaction. Such an alteration is entirely analogous to the wheal reaction in urticaria or the bronchial changes incident to an attack of bronchial asthma. It represents the reaction of a tissue sensitized to a specific allergen. It is essentially a reversible reaction and one which is reproducible following adequate exposure to the given allergen. As pointed out by Cooke, the mistake must not be made of considering allergic reaction to food and gastrointestinal allergic diseases as synonymous. Nor should the digestive symptoms encountered during other allergic disturbances, such as bronchial asthma, be of necessity laid to true gastrointestinal allergic disease. In many, if not in most such instances, the coexistent indigestion and dyspepsia are due primarily to autonomic nerve disturbances. Heartburn, eructation, abdominal distress and similar symptoms are commonly encountered in asthmatic patients during critical or even moderately severe attacks, and certain foods are frequently incriminated. With the cessation of the attack, the patient normally finds that the suspected foods may be taken with impunity in the vast majority of cases. That foods may cause skin or bronchial reactions is too well known to require comment. The urticaria caused by the ingestion of such substances as shell fish or strawberries has been recognized for many years. These and similar disturbances are examples of true allergic reactions to food, and such examples may be multiplied almost indefinitely. They do not, however, as a rule, constitute examples properly classified as allergic disease of the digestive tract. Furthermore, general symptoms, such as coated tongue, bad breath, "repeating" after certain foods, and vague dyspeptic disturbances following the ingestion of specific foods have been too frequently interpreted as sensitization phenomena without sufficient care having been taken to rule out all other causes of indigestion.

The exact incidence of true gastrointestinal allergic disease is certainly not known. Despite the insistence of certain observers that allergic disturbance of this kind is common, the author believes that evidence for such opinions is almost completely lacking or is open to serious doubt. During a prolonged conversation with the late Dr. Warren Vaughan, an enthusiastic allergist, he agreed that true allergic disease of the alimentary tract is un

* Clinical Professor of Medicine, Harvard University; Physician, Massachusetts General Hospital, Boston.

Presented before a joint meeting of the Sections on General Medicine, General Practice and Allergy at the 78th Annual Session of the California Medical Association, May 8-11, 1949, Los Angeles.

California MEDICINE

OWNED AND PUBLISHED BY THE CALIFORNIA MEDICAL ASSOCIATION
450 SUTTER, SAN FRANCISCO 8 PHONE DOUGLAS 2-0062

For Information on Preparation of Manuscript, See Advertising Page 2

EDITORIALS

A.M.A. Clinical Session

On December 9 the American Medical Association rang down the curtain on its third Clinical Session, this one having been held in Washington, D. C. The meeting, a complete dress rehearsal for the coming Annual Session, included this year not only sessions of the House of Delegates, but also scientific meetings, scientific exhibits and technical exhibits. It was well attended and those present appeared satisfied with the results attained.

In the House of Delegates, three items loomed out above all else. These were (1) the demand to broaden and strengthen the A.M.A.'s office in Washington, (2) the establishment of dues of $25 a member for 1950, and (3) the reiteration of the principles in the Hess Committee report adopted at the 1949 Annual Session last June. The first two of these are in direct confirmation of the public educational program of the A.M.A., first as a means of implementing the program and second as a means of financing it. The Hess Committee report will be dealt with separately in this issue.

The demand for improving the Washington office situation was heard throughout the meeting, and the House of Delegates tackled the problem realistically. The A.M.A. has maintained an office in the national capital for several years, primarily as a listening post; the membership is now asking, through its elected delegates, that the office pursue a more vigorous program. It is hoped that bills can be more promptly analyzed and that the A.M.A. position with regard to specific legislative proposals can be quickly and effectively implemented. Some members of the House of Delegates look askance at such activities on the grounds that they constitute lobbying. On the other hand, it should be borne in mind that "lobbying" is subject to a variety of definitions and interpretations, not only in dictionaries but in state laws as well. In its truest sense, that of representing group opinion, it constitutes nothing more than the exercise of the right of appeal to the government, which is guaranteed Americans under the Bill of Rights.

To implement the decision regarding the Washington office, it was voted to set up a committee of members of the Board of Trustees and of the House of Delegates, similar to the Coordinating Committee which has been so successful in advising and guiding the national education campaign. The roster of this committee has not yet been announced but it is understood to comprise men of unquestionable standing and capability.

The adoption of $25 annual dues for members of the A.M.A. for 1950 puts into practical application the principle adopted a year earlier, when the euphemism of "assessment" was used; this year, backed by the overwhelming numbers of members who had gladly and willingly paid the 1949 "assessment," the House of Delegates in the interest of uniformity voted dues. The sum in prospect from these dues is estimated as sufficient to permit the A.M.A. to carry on its public education campaign.

In the decisions to strengthen the Washington office and to collect dues, the A.M.A. took two positive strides forward in the Clinical Session. The carrying out of these procedures will let the American people and the Congress know that medicine knows its business and is going to carry it out as a public trust in the interest of better public health.

CALIFORNIA MEDICAL ASSOCIATION

NOTICES AND REPORTS

A.M.A. Dues—1950

Dues of $25 a member were voted by the American Medical Association for 1950 at the December Clinical Session in Washington. The manner of collection and reporting of dues is left up to the component state associations.

In California the same method will be used as in 1949, namely, the collection of the A.M.A. dues by the county society secretaries, along with county and state dues. Under this procedure in 1949, California ranked right up in front in the percentage of collections. This same proud position must be maintained in 1950.

The A.M.A. national campaign has made remarkable strides in its public educational work in 1949. In crucial 1950, the good work is to be kept up and California's good name must be preserved in the financing of this all-important work.

Council Meeting Minutes

Tentative Draft: Minutes of the 366th Meeting of the Council of the California Medical Association at the St. Francis Hotel, San Francisco, November 20, 1949.

The meeting was called to order by Chairman Shipman in Room 210 of the St. Francis Hotel, San Francisco, at 9:30 a.m., Sunday, November 20, 1949.

Roll Call:

Present were President Kneeshaw, Speaker Alesen, Vice-Speaker Charnock, Councilors Shipman, Ball, Crane, Henderson, Anderson, Ray, Montgomery, Lum, Pollock, Green, Bailey, West, MacLean, Frees and Thompson; Secretary Garland and Editor Wilbur. Absent, President-Elect Cass (illness).

A quorum present and acting.

Present by invitation were Dr. D. H. Murray, chairman of legislation; John Hunton, executive secretary; William P. Wheeler, assistant executive secretary; Howard Hassard, legal counsel; Ed Clancy, field secretary; Ben H. Read, executive secretary of the Public Health League of California; county society executive secretaries Frank Kihm of San Francisco, Rollen Waterson of Alameda, Glenn Gillette of Fresno, Vance Venables of Kern and Kenneth Young of San Diego; Mr. William M. Bowman, executive director of California Physicians' Service; Dr. Wilton L. Halverson, state director of public health; Messrs. Ned Burman and Clem Whitaker, Jr., of public relations counsel.

1. *Minutes:*

(a) On motion duly made and seconded, minutes of the 365th meeting of the Council, held September 24, 1949, were approved.

(b) On motion duly made and seconded, minutes of the 216th meeting of the Executive Committee, held November 10, 1949, were approved. (One item was held in abeyance but adopted by subsequent action.)

2. *Membership:*

(a) A report of membership as of November 18, 1949, was received.

(b) On motion duly made and seconded, 65 members whose 1949 dues had been received since the last Council meeting, were voted reinstatement as active members.

(c) On motion duly made and seconded in each instance, five members were elected to Retired Membership. These were:

Fresno County: Edwin Leland Mott.

Los Angeles County: Blanche C. Brown, Wilbur Lucas, Charles T. Sturgeon, Percival M. Williams.

(d) On motion duly made and seconded in each instance, 15 applicants were elected to Associate Membership. These were:

Alameda County: Herbert K. Abrams, John C. Dement, Arthur C. Hollister, Jr., Samuel J. Kimura, Henry G. Mello, E. Richard Weinerman.

Fresno County: Lee A. Stone.

Napa County: Willard B. Morell.